

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	1/10
FORMALITY REVIEW	AM	917	01-21-01
RESPONSE FORMALITY REVIEW	Zm	927	06/21/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	2	10/27/03	
2	2	✓	
3	3	✓	
4	4	✓	
5	5	✓	
6	6	✓	
7	7	✓	
8	8	✓	
9	9	✓	
10	10	✓	
11	11	✓	
12	12	✓	
13	13	✓	
14	14	✓	
15	15	✓	
16	16	✓	
17	17	✓	
18	18	✓	
19	19	✓	
20	20	✓	
21	21	✓	
22	22	✓	
23	23	✓	
24	24	0	
25	25	0	
26	26	0	
27	27	0	
28	28	✓	
29	29	0	
30	30	✓	
31	31	✓	
32	32	✓	
33	33	✓	
34	34	✓	
35	35	✓	
36	36	✓	
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38	38	✓	
39	39	✓	
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41	41	✓	
42	42	✓	
43	43	✓	
44	44	✓	
45	45	✓	
46	46	✓	
47	47	✓	
48	48	✓	
49	49	✓	
50	50	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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